

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 201372US2

First Inventor or Application Identifier Fumihiro O

Title FAILURE ANALYSIS METHOD, COMPRESSION THRESHOLD DERIVING METHOD, AND RECORDING MEDIUM

Assignee Name: MITSUBISHI DENKI KABUSHIKI KAISHA

Assignee Address: 2-3, Marunouchi 2-chome, Chiyoda-ku, TOKYO 100-8310 JAPAN

APPLICATION ELEMENTS

(See MPEP chapter 600 concerning utility patent application contents)

1. Fee Transmittal Form (e.g. PTO/SB/17)
(Submit an original and a duplicate for fee processing)

2. Specification Total Sheets 74

3. Drawing(s) (35 U.S.C. 113) Total Sheets 46

4. Oath or Declaration Total Pages 3

a. Newly executed (original)

b. Copy from a prior application (37 C.F.R. §1.63(d))
(for continuation / divisional w/ box 16 completed)

i. DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in
the prior application, see 37 C.F.R. §1.63(d)(2) and
1.33(b).

5. CD-ROM or CD-R in duplicate, large table or Computer
Program (Appendix)

6. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)

a. Computer Readable Form (CRF)

b. Specification or Sequence Listing or:

i. CD-ROM or CD-R (2 copies); or

ii. Paper

c. Statements verifying identity of above copies

12/27/00
ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

ACCOMPANYING APPLICATION PARTS

7. Assignment Papers (cover sheet & document)

8. Application Data Sheet. See 37 CFR 1.76

9. 37 C.F.R. §3.73(b) Statement
(when there is an assignee) Power of Attorney

10. English Translation Document (if applicable)

11. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS
Citations (2)

12. Preliminary Amendment

13. White Advance Serial No. Postcard

14. Certified Copy of Priority Document(s) (1)
(if foreign priority is claimed)

15. Applicant claims small entity status.
See 37 CFR 1.27

16. Other: Notice of Priority

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:

Continuation Divisional Continuation-in-part (CIP) of prior application no.:

Prior application information: Examiner: Group Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. Amend the specification by inserting before the first line the sentence:

This application is a Continuation Division Continuation-in-part (CIP)
of application Serial No. Filed on

Which was published in English

Which was not published in English

This application claims priority of provisional application Serial No. Filed

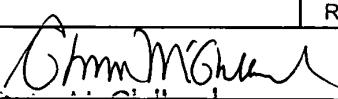
19. CORRESPONDENCE ADDRESS



22850

(703) 413-3000

FACSIMILE: (703) 413-2220

Name:	Marvin J. Spivak	Registration No.:	24,913
Signature:			Date: 12/27/00
Name:	C. J. VAN McClelland	Registration Number:	21

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Fumihito OHTA

SERIAL NO: New Application

FILING DATE: Herewith

FOR: FAILURE ANALYSIS METHOD, COMPRESSION THRESHOLD DERIVING METHOD, AND RECORDING MEDIUM

FEE TRANSMITTAL

ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231

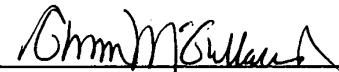
FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	35 - 20 =	15	× \$18 =	\$270.00
INDEPENDENT CLAIMS	6 - 3 =	3	× \$80 =	\$240.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$270 =	\$0.00
<input type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$0.00
			BASIC FEE	\$710.00
			TOTAL OF ABOVE CALCULATIONS	\$1,220.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
<input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
<input type="checkbox"/> RECORDATION OF ASSIGNMENT			+ \$40 =	\$0.00
			TOTAL	\$1,220.00

Please charge Deposit Account No. 15-0030 in the amount of A duplicate copy of this sheet is enclosed.

A check in the amount of \$1,220.00 to cover the filing fee is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030.
A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,
MAIER & NEUSTADT, P.C.Marvin J. Spivak
Registration No. 24,913C. John McClelland
Registration Number 21,111Date: 12/27/05

22850

Tel. (703) 413-3000
Fax. (703) 413-2220
(OSMMN 10/00)